

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Outfront Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 04 / 2016</b>	
Mailing Address <b>185 US Highway 46</b>		Amount <b>40000.00</b>	
City <b>Fairfield</b>	State <b>NJ</b>	Zip Code <b>07004</b>	Transaction ID : <b>D711373</b>
Purpose of Expenditure Print Advertising		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 18 / 2016</b>
Name of Federal Candidate <b>BERNARD SANDERS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NY</b>
Calendar Year-To-Date Per Election for Office Sought		<b>40000.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Outfront Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 04 / 2016</b>	
Mailing Address <b>185 US Highway 46</b>		Amount <b>24300.00</b>	
City <b>Fairfield</b>	State <b>NJ</b>	Zip Code <b>07004</b>	Transaction ID : <b>D711374</b>
Purpose of Expenditure Print Advertising		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 18 / 2016</b>
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>38293.75</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>64300.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 04 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Outfront Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 04 / 2016</b>	
Mailing Address <b>185 US Highway 46</b>		Amount <b>4750.00</b>	
City <b>Fairfield</b>	State <b>NJ</b>	Zip Code <b>07004</b>	Transaction ID : <b>D711375</b>
Purpose of Expenditure <b>Print Advertising</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 24 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>38293.75</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Outfront Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 04 / 2016</b>	
Mailing Address <b>185 US Highway 46</b>		Amount <b>9000.00</b>	
City <b>Fairfield</b>	State <b>NJ</b>	Zip Code <b>07004</b>	Transaction ID : <b>D711376</b>
Purpose of Expenditure <b>Print Advertising</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 24 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>38293.75</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>13750.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 04 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Outfront Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 04 / 2016</b>	
Mailing Address <b>185 US Highway 46</b>		Amount <b>243.75</b>	
City <b>Fairfield</b>	State <b>NJ</b>	Zip Code <b>07004</b>	Transaction ID : <b>D711377</b>
Purpose of Expenditure <b>Print Advertising</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 24 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>38293.75</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>243.75</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>78293.75</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 04 / 2016**

Signature